EXAMPLE: COVER LETTER FOR AN ACCESS PLAN

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Contract Number:

ABC-AP-2006

Product Name:

ABC Access Plan

Proposed Effective Date:

August 1, 2006

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-210, enclosed please find the Traditional Provider Access Plan for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- Access Plan

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HE	ALTH MA	AINTEN	ANCE ORGAN	IIZATI	ON TRANS	MITTAL
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9. E-		10. Purpose of Filing			Tracking #			
	nes@abchealthplans.com	Filing of 2006 Traditiona						
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	Please note th	at rate filings and form	filings mu	st be subi	mitted together fo	or new	plans	

INS-1120 Revised 5/06 11-2

EXAMPLE: COVER LETTER FOR A FORM B REPORT

MARCH 1, 2006

DELIVERED VIA E-MAIL

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

2006 Form B Report

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-220, enclosed please find the annual Form B Report for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- 2006 Form B Report

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEALT	H MAIN	ITENANCE ORGAN	IIZATI	ON TRANSMITTAL	
1. Company ID		2. Company Name		For OIC U		Use Only	
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	ela Barnes	Contract Manager	·	Reviewed Withdrawn			
7. Pr	ione	8. Fax #		Disapproved			
)000-0000	(000)000-0000		Acknowledged			
9. E-		10. Purpose of Filing		State Tracking #			10000 10000
abar	nes@abchealthplans.com	Filing of 2006 Form B Report	t				200
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	Please note th	at rate filings and form filing	gs must b	e submitted together f	or new	plans	\dashv

EXAMPLE: COVER LETTER FOR A GEOGRAPHIC NETWORK REPORT

MARCH 1, 2006

[DELIVERED VIA E-MAIL]

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Contract Number:

ABC-GEONW-2006

Product Name:

ABC GeoNetwork Report

Proposed Effective Date:

March 31, 2006

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-220, enclosed please find the annual Geographical Network Report for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- Geographical Network Report

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEALTH N	IAINTENANCE ORGANIZAT	TION TRANSMITTAL	
1. Cc	ompany ID	2. Company Name	For OIC	Use Only	
ABC	HE*12345	ABC Health Plans	[] File ID	[] Analyst	
3. Date Submitted		4. Proposed Effective Date		Date Initials	
	ch 1, 2006	March 31, 2006	Approved		
5. Contact Angela Barnes		6. Title Contract Manager	Reviewed Withdrawn		
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	nes@abchealthplans.com	Filing of 2006 Geographical Netw			
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17.	☐ Provider Agreement				
18. F	RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date	
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Group Name: Group Number:					
Standard Master Contract Number (short form filings only): Effective Date:					
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INS-1120 Revised 5/06 11-6